

# Change Order

## Driving While Impaired Provider Data

<b>Date:</b>	<b>Originator:</b> LJ ( ) JR ( ) BH ( ) JW ( ) LT ( ) MT ( )
<input type="checkbox"/> No Change To Existing Information	
<b>Provider Name:</b>	<b>JSI Number</b>

Delete		
<b>Provider Name:</b>		<b>JSI Number</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b> NC	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>	
<b>Contact Name:</b>		

Add / Update		
<b>Provider Name:</b>		<b>JSI Number</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b> NC	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>	
<b>Contact Name:</b>		

For Division Use Only:	
<b>Send To:</b> LJ ( ) JR ( ) BH ( ) JW ( ) LT ( ) MT ( )	
Please complete above sections if applicable and mail to: Maxine Terry, Assurance Unit NC DMH/DD/SAS, Accountability Team, 3012 Mail Service Center, Raleigh, NC 27699-3012 If you have questions regarding technical assistance needs: Contact Lynn Jones or Jason Reynolds, Community Policy Management, Justice Systems at 919-715-2771.	